# L21000037214

(Re	equestor's Name)		
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. (Ci	ty/State/Zip/Phone i	<del>(</del> #)	
PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Name	<del>)</del>	
(Do	ocument Number)	<del></del>	
Certified Copies	_ Certificates o	of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE

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# **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	N MICHAEL D'ANGELO	)	
		Name of Person	
	D'ANGELO # ASSOCIAT	TES, LLC	
	-	Firm/Company	
	100 LINDEN STREET		
	<del></del>	Address	
	OAKLAND, IOWA 51560	)	
		City/State and Zip Code	
	dangeloassociatestax@gma		
		to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all:	
Michael D'Angelo		402 319-7054	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

# Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



January 21, 2021

MICHAEL D'ANGELO D'ANGELO & ASSOCIATES, LLC 100 LINDEN STREET OAKLAND, IA 51560

SUBJECT: THREE WINGS US LIMITED LIABILITY COMPANY

Ref. Number: W21000005693

We have received your document for THREE WINGS US LIMITED LIABILITY COMPANY and check(s) totaling \$100.00. However, your check(s) and document are being returned for the following:

The filing fee is \$125.00 to file a new LLC.

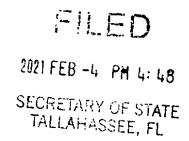
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

- Out - 1

Letter Number: 921A00001350



#### ARTICLE OF ORGANIZATION

OF

#### THREE WINGS US LIMITED LIABILITY COMPANY

The undersigned subscribers to these Article of Organization herby forms and establish a Limited Liability Company pursuant to section 605 0201, Florida Statutes.

#### ARTICLE 1

The name of the Limited Liability Company shall be Three Wings US Limited Liability Company.

#### **ARTICLE 2:**

The mailing address and the street address of the principal office of the limited liability company in Florida is: 14301 Cedar Hill Dr., Winter Garden, FL 34787-5589.

#### ARTICLE 3:

The name and Florida street address of the limited liability company's registered agent is Adriana L D'Angelo, 7121 Carrickbend Ln, Orlando, Florida 32819.

#### **ARTICLE 4:**

The Limited Liability Company shall commence on the date that the date that these Article of Organization are filed with the Division of Corporations and its existence shall be perpetual.

## **ARTICLE 5:**

The names and addresses of the persons authorized to manage and control the Limited Liability Company is Adriana L D'Angelo, 7122 Carrickbend Ln, Orlando, Florida 32819 and Maria Astrid Diaz, 13401 Cedar Hill Dr, Winter Garden, FL 34787-5589.

## **ARTICLE 6:**

The management of the limited liability company shall be vested in Adriana L D'Angelo, MGR. and Maria Astrid Diaz who are authorized to manage and control the company.

#### ARTICLE 7:

#### **NATURE OF BUSINESS:**

The Limited Liability Company shall have the power to engage in, and to do any lawful act concerning any and all lawful businesses for which Limited Liabilities may be organized under the Act.

## ARTICLE 8:

The total amount of cash contributed to the company as initial capital by the initial member of the company is \$2000.00.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this 14 day of December, 2020.

ADRIANA D'ANGELO, MGR

MARÍA ASTRID DIAZ, MGR

Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

ADRIANA L D'ANGELO, Registered Agent

We hereby submit this document and affirm that the facts stated herein are true. We are aware that false stated information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, FS.

ADRIAMA VO ANGELO, Organizer

MARIA ASTRID DIAZ, Organizer

SECRETARY OF STATE